



*1905 Leary Lane,
Victoria TX 77901*

May 16, 2016

CC Docket No. 02-6

Federal Communication Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: Appeal of a Decision of the Universal Service Administration Company

To whom it may concern;

Appellant Name: Tony Pompa

CRN: 16062696

Applicant Name: Industrial Independent School District

Applicant BEN Number: 141456

Funding Year: 2013

Form 471 Application Number: 894273

Form 472 Identifier Number: IND164721, IND164722, IND164723, IND164724, IND164725, IND164726, and IND164727

Funding Request Numbers: 2431153, 2431160, 2431208, 2431212, 2454742, 2454771, 2457891, 2472646, 2716249

Industrial Independent School District received and paid services from the vendors listed:

Verizon Southwest Inc.

AT&T Corp - AT&T Mobility - AT&T Mobility

Southwestern Bell Telephone Company

Department of Information Resources – Telecommunication Svcs.

Schoolwires Inc.

AirCanopy Internet Services, Inc.

Industrial ISD filed their 472 Forms originally on 10/24/2014 and the last day to file invoices was 4/2015. A request for invoice extensions was submitted in 3/2015 to allow enough time for the service providers to certify and sign the invoices and mail back for processing. The signed invoices were submitted to USAC as soon as they were processed by the service providers.

The following event was unusual in nature and infrequent in occurrence as it had never happened before.

Industrial ISD submitted a request for invoice extensions to USAC. The invoices fail to get processed. This was determined during a follow-up call and conversation with a USAC representative. The representative stated the extensions were not issued invoice numbers; therefore, they were never processed. At this time they would begin the process.

On 8/7/2015, Region 3 filed again for an additional extension (**case #22-818730**); however, the request for an extension approval was still taking long to process. On another follow-up call to USAC, the representative said the invoices could not be found and again were not issued an invoice number. The representative stated the same information an invoice number is issued when the form is submitted and in order to receive an invoice number for the Form 472 we had to re-file the form.

Under the guidance and direction of another USAC representative we filed the invoice again. Finally, we were issued an email on 9/18/2015 from USAC that stated:

This serves as acknowledgement and approval of your request for your one-time 120 day invoice deadline extension for the following FRNs:

2431153, 2431160, 2431208, 2431212, 2454742, 2454771, 2457891, 2472646

Although Industrial ISD was approved for the 120 day extension, when the service providers attempted to approve and certify the BEAR forms they were unable to access and approve forms. We were astonished by what had happened because we were notified of an invoice extension. On 10/15, 16, 21/2015 and 11/4/2015 we received Form 472 BEAR Notification Letters that the BEAR Forms were denied funding.

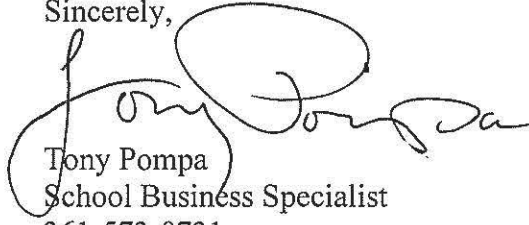
We filed for an appeal and USAC denied the appeal.

It appears that not only human error was involved but also a possible computer glitch that may have caused several of the issues that delayed the processing of the forms. Due to the extraordinary circumstances, Industrial ISD has not had an equal opportunity to recover expenses paid for their technology services.

FCC Appeal
Page 3
May 16, 2016

We respectfully request the FCC to approve an invoice extension for the requesting FRNs listed in our appeal. We ask for the opportunity to receive an invoice extension so that we may request reimbursements for the expenses paid by Industrial Independent School District.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tony Pompa', is written over the printed name and title.

Tony Pompa
School Business Specialist
361-573-0731
tpompa@esc3.net

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)

IND 164721

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial ISD*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143004789*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *\$ 12,470.64*

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial ISD Billed Entity Number 141456
Contact Name Tony Williams Contact Telephone Number 361-284-3226
Applicant Form Identifier IND164721

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	243/153		07/2013		22,228.99	61%	12,470.64
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							<u>12,470.64</u>	

Approved by OMB
OMB Control No. 3060-0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial 1SDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 164721**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

Tony Williams

16. Date

10-24-14

17. Printed name of authorized person

Tony Williams

18. Title or position of authorized person

Superintendent

19. Telephone number of authorized person

361-284-3226

20. Address of authorized person

PO Box 369Vanderbilt, TX 77991-0369

Approved by OMB
OMB Control No. 3060 - 0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Industrial / SD

Billed Entity Number 141456

Contact Name Tony Williams

Applicant Form Identifier IND 164721

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

Maria L Szatkowski

22. Date

3-27-2015

23. Printed name of authorized person

Maria Szatkowski

24. Title or position of authorized person

Business Sales Support Specialist

25. Telephone number of authorized person

(866) 483-8858

26. Address of authorized person

201 Flynn Rd
Camarillo, CA 93012

27. Applicant Remittance Information

Name Tony Williams

Title Supt.

Street Address P.O. Box 269, Vanderbilt, TX 77991-0369

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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Applicant Form Identifier (Create an identifier for your own reference)

IND164722

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial 1SD*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143001192*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *\$1868.30*

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial ISD Billed Entity Number 141456
Contact Name Tony Williams Contact Telephone Number 361-284-3226
Applicant Form Identifier IND164722

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
	DO NOT WRITE IN THIS COLUMN.			For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	2431160		07/2013		3062.78	61%	1868.30
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							1868.30	

Approved by OMB
OMB Control No. 3060-0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial 1SDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 164722**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

Tony Williams

16. Date

10-24-14

17. Printed name of authorized person

Tony Williams

18. Title or position of authorized person

Superintendent

19. Telephone number of authorized person

361-284-3226

20. Address of authorized person

PO Box 369
Vanderbilt, TX 77991-0369

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Industrial 1SD

Billed Entity Number 141456

Contact Name Tony Williams

Applicant Form Identifier IND 164722

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

22. Date

[Signature]

March 26, 2015

23. Printed name of authorized person

24. Title or position of authorized person

25. Telephone number of authorized person

26. Address of authorized person

AT&T Corporation 866-364-3317
Lorraine A. Griffin Suite # 16W34
Sr. Contract / Sourcing Specialist
311 West Washington Street
Chicago, Illinois, 60606-3220

27. Applicant Remittance Information

Name Tony Williams

Title Supt.

Street Address PO Box 369, Vanderbilt, TX 77991-0369

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

~~Universal Service for Schools and Libraries~~

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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Applicant Form Identifier (Create an identifier for your own reference)

IND 16472.3

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial 1SD*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143004662*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *\$5588.04*

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial 1SD Billed Entity Number 141456
Contact Name Tony Williams Contact Telephone Number 361-284-3226
Applicant Form Identifier IND144723

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
	DO NOT WRITE IN THIS COLUMN.			For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	2431208		07/2013		5731.85	61%	2806.44
2	894273	2431212		07/2013		4560.00	61%	2781.60
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							5588.04	

Approved by OMB
OMB Control No. 3080 - 0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial 1SDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 144723**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

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- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person.

Tony Williams

16. Date

10-24-14

17. Printed name of authorized person

Tony Williams

18. Title or position of authorized person

Superintendent

19. Telephone number of authorized person

361-284-3226

20. Address of authorized person

PO Box 369
Vanderbilt, TX 77991-0369

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Industrial 1SD

Billed Entity Number 141456

Contact Name Tony Williams

Applicant Form Identifier IND 164723

Block 4: Service Provider Acknowledgment

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21. Signature of authorized person (fax, copy or original signature)

Erica Spearman

22. Date

03/27/15

23. Printed name of authorized person

Erica Spearman

24. Title or position of authorized person

Customer Advocate

25. Telephone number of authorized person

1-800-759-8195

26. Address of authorized person

444 MICHIGAN AVE
FLOOR 2
DETROIT, MI 48226
[REDACTED]

27. Applicant Remittance Information

Name Tony Williams
Title Supt.

Street Address PO Box 369, Vanderbilt, TX 77991-0369

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

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Applicant Form Identifier (Create an identifier for your own reference)

IND 164724

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial 1SD*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143025240*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *\$ 573.81*

ATTN
MOB

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial ISD Billed Entity Number 141456
Contact Name Tony Williams Contact Telephone Number 361-284-3226
Applicant Form Identifier IND164724

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	2454742		07/2013		972.17	61%	573.81
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							573.81	

Approved by OMB
OMB Control No. 3060 - 0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial 1SDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 164724**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

B. Williams

16. Date

10-24-14

17. Printed name of authorized person

Tony Williams

18. Title or position of authorized person

Superintendent

19. Telephone number of authorized person

361-284-3226

20. Address of authorized person

PO Box 369
Vanderbilt, TX 77991-0369

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Industrial 1SD

Billed Entity Number 141456

Contact Name Tony Williams

Applicant Form Identifier IND 164724

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

Brett Behrens

22. Date

3/30/15

23. Printed name of authorized person

BRETT BEHRENS

24. Title or position of authorized person

NECDE MANAGER

25. Telephone number of authorized person

(866) 829-8184

26. Address of authorized person

311 W. WASHINGTON ST
CHICAGO, IL 60606

27. Applicant Remittance Information

Name Tony Williams
Title Supt.

Street Address PO Box 369, Vanderbilt, TX 77991-0369

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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Applicant Form Identifier (Create an identifier for your own reference)

IND 164725

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial 15D*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143005581*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *\$1664.40*

DIR

Billed Entity Applicant Reimbursement Form

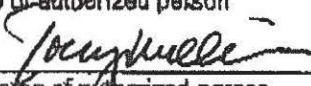
For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial ISD Billed Entity Number 141456
Contact Name Tony Williams Contact Telephone Number 361-284-3226
Applicant Form Identifier IND164725

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	2454771		07/2013		2728.52	61%	1664.40
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$1664.40	

Approved by OMB
OMB Control No. 3060-0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement Form	
Billed Entity Name <u>Industrial 1SD</u>	
Billed Entity Number <u>141456</u>	
Contact Name <u>Tony Williams</u>	
Applicant Form Identifier <u>IND 164725</u>	
Block 3: Billed Entity Certification	
<p>I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:</p> <p>A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.</p> <p>B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.</p> <p>C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.</p> <p>D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.</p> <p>E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
15. Signature of authorized person 	16. Date <u>10-24-14</u>
17. Printed name of authorized person <u>Tony Williams</u>	
18. Title or position of authorized person <u>Superintendent</u>	
19. Telephone number of authorized person <u>361-284-3226</u>	
20. Address of authorized person <u>PO Box 369</u> <u>Vanderbilt, TX 77991-0369</u>	

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Industrial / SD

Billed Entity Number 141456

Contact Name Tony Williams

Applicant Form Identifier IND 164725

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

22. Date

Sherril Parks

3/27/15

23. Printed name of authorized person

Sherril Parks

24. Title or position of authorized person

Jr. Project Manager

25. Telephone number of authorized person

512-463-3582

26. Address of authorized person

300 W. 15th Street Suite 1300 Austin, TX 78701

27. Applicant Remittance Information

Name Tony Williams

Title Supt.

Street Address PO Box 369, Vanderbilt, TX 77991-0369

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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Applicant Form Identifier (Create an identifier for your own reference)

IND 164726

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial 1SD*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143027372*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *\$ 4390.83*

School

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial ISD

Billed Entity Number 141456

Contact Name Tony Williams

Contact Telephone Number 361-284-3226

Applicant Form Identifier IND164726

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	2457891		07/2013		7198.08	61%	4390.83
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

4390.83

Approved by OMB
OMB Control No. 3080-0858
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial 1SDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 164726**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

Tony Williams

16. Date

10-28-14

17. Printed name of authorized person

Tony Williams

18. Title or position of authorized person

Superintendent

19. Telephone number of authorized person

361-284-3226

20. Address of authorized person

PO Box 369
Vanderbilt, TX 77991-0369

Approved by OMB
OMB Control No. 3060-0856
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial 1SDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 164726**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

22. Date

23. Printed name of authorized person

Luke P Healy-Controller

24. Title of
814-272-5163
Schoolwires, Inc
330 Innovation Blvd. Suite 301
State College, PA 16803

25. Telephone

26. Address of authorized person

27. Applicant Remittance InformationName Tony WilliamsTitle Supt.Street Address PO Box 369, Vanderbilt, TX 77991-0369

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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Applicant Form Identifier (Create an identifier for your own reference)

IND 164727

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name *Industrial 1SD*

2. Billed Entity Number *141456*

3. Service Provider Identification Number (SPIN) *143008292*

4. Contact Name *Tony Williams*

5. Contact Telephone Number *361-284-3226*

6. Total Reimbursement Amount (total from Block 2, Column 14) *1,891.00*

T1SD

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Industrial ISD Billed Entity Number 141456
Contact Name Tony Williams Contact Telephone Number 361-284-3226
Applicant Form Identifier IND164727

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	894273	2472646	07/2013		11,346.00	61%	1891.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							

Approved by OMB
OMB Control No. 3060 - 0858
Estimated time per response: 1.0 hour

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name Industrial ISDBilled Entity Number 141456Contact Name Tony WilliamsApplicant Form Identifier IND 144727**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

Tony Williams

16. Date

10-24-14

17. Printed name of authorized person

Tony Williams

18. Title or position of authorized person

Superintendent

19. Telephone number of authorized person

361-284-3226

20. Address of authorized person

PO Box 369
Vanderbilt, TX 77991-0369